

SOLID ONCOLOGIC EMERGENCIES

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FRAMEWORK

1. Think anatomically

2. Compression or Obstruction

3. Medical and/or surgical management may be required

4. Guided by patient's history
 - Use targeted questions



5. Consider early consultant involvement with a multi-disciplinary approach



BRAIN AND SPINAL CORD

*Elaborated below

- AMS
- Cord Compression
- Headaches



BILIARY

- Jaundice
- Abdominal Pain - RUQ
- LFT Changes - AST / ALT / ALP



VASCULAR

- DVT - Unilateral leg swelling / pain
- PE - SOB, chest pain, hypoxia, tachy
- SVC syndrome - swelling of face - SOB



HEART

- Dyspnea
- Edema / Heart failure symptoms - orthopnea - chest pain
- Hemodynamic collapse



GASTROINTESTINAL

- Functionally the same as a small bowel obstruction (SBO)
- Nausea
- Vomiting
- Constipation
- Abdominal Pain



GENITOURINARY

- Urinary retention
- Suprapubic pain

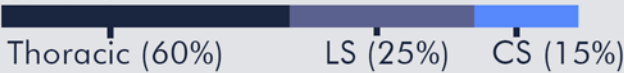
Metastatic Disease to Spine: Cord Compression

Anatomical

2/3 of cord compression cases are mets from: Lung > Prostate / Breast



Localized



Signs and Symptoms

- Pain (91%)
- Leg weakness (79%)
- Sensory dysfunction (67%)
- Autonomic dysfunction (49%)
- * pre-treatment, neurological deficits, and time course are the strongest predictors of treatment outcome

Neurological Exam

- DRE for sphincter tone - unless neutropenic
- Test for loss of sensation in saddle distribution
- Strength and reflex exams
- Assess Gait - posture, base, step length, tandem, etc...

Management and Next Steps

- 10 mg Dexamethasone IV (reduce inflammation)
- Spine imaging (full spine MRI) + imaging: rad-onc and spine surgery consult
- Continue 4 mg IV dexamethasone q6 h

Metastatic Disease to Brain: Altered Mental Status and Headaches

Anatomical

10-30% if patients with metastatic disease from: Lung > Breast



Signs and Symptoms

- Headaches (50%)
- Cognitive problems (33%)
- Focal neuro deficits (33%)
- New seizures (20%)

Physical Exam

- Thorough neuro exam to rule-out focal deficits that raise concern for stroke (hypercoagulability of cancer)
- Examination of eyes: - unilateral, or bilateral fixed pupils
- Vitals to identify elevated ICP

Cushing's Triad



- Hypertension
- Bradycardia
- Irregular respirations

Management and Next Steps

- Head CT to look for brain mets and signs of elevated ICP
- Chest CT to evaluate for occlusion of a port or other etiology of SVC obstruction
- Begin seizure prophylaxis (levetiracetam)
- Tissue edema - Dexamethasone 4 mg IV q6 h
- Consult rad-onc or neurosurgery

